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					Artrena Smith			
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01 FC:1501	1510.00 D	A			114/09		(Date)	
Г	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	TORNEY DOCKET NO.	CONFIRMATION NO.	
_	09/580,491	05/30/2000		Kuri Heriogs		O-0016(VIP0004US)	8312	
TITLE OF INVENTION: MUTATITONAL PROFILES IN HIV-1 PROTEASE AND REVERSE TRANSCRIPTASE CORRELATED WITH PHENOTYPIC DRUG RESISTANCE								
Γ	APPLN. TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
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	BORIN, MI		1631	435-005000				
Č	FR 1.363). Change of correspondences from PTO/SE	ence address or indication ondence address (or Cha V122) attached. cation (or "Fee Address 2 or more recent) attach		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unloss an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tibotec-Virco Virology BVBA Please check the appropriate assignee category or categories (will not be printed on the patent):							e: 011735/0432	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
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	Publication Fee (No small entity discount permitted) Payment by credit card. Form P1O-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 10-0750 (circlose an extra copy of this						eficiency, or credit any an extra copy of this form).	
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